

## Appendix B

**STATE OF CONNECTICUT  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
WATER MANAGEMENT BUREAU**

**SSO REPORTING FORM**

City or Town: \_\_\_\_\_

Type of SSO

\_\_\_\_ Raw Sewage  
\_\_\_\_ Chlorinated Raw Sewage  
\_\_\_\_ Sludge Spill  
\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_

Cause of SSO

\_\_\_\_ Mechanical Equipment Failure  
\_\_\_\_ Electric Utility Failure  
\_\_\_\_ Electrical Equipment Failure  
\_\_\_\_ Blockage of Sewer Line:  
Grease \_\_\_\_\_, Roots \_\_\_\_\_, Other: \_\_\_\_\_  
\_\_\_\_ Approved Shutdown  
\_\_\_\_ Other: \_\_\_\_\_

Date and Time SSO was Discovered: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ AM/PM

Date and Time SSO was Stopped: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ AM/PM

Exact Location of SSO: \_\_\_\_\_  
\_\_\_\_\_

How SSO was Discovered: \_\_\_\_\_  
\_\_\_\_\_

Quantity/Volume of SSO: \_\_\_\_\_

How Quantity/Volume was Determined: \_\_\_\_\_  
\_\_\_\_\_

If Equipment Failure, date of last inspection, maintenance or repairs: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Receiving Waters (If Applicable) \_\_\_\_\_

Steps taken to minimize volume and duration of SSO: \_\_\_\_\_  
\_\_\_\_\_

Action taken to eliminate SSO: \_\_\_\_\_  
\_\_\_\_\_

Steps Taken to prevent recurrence of SSO: \_\_\_\_\_  
\_\_\_\_\_

Was area of SSO cleaned of debris? \_\_\_\_\_ Yes \_\_\_\_\_ No

Method Used: \_\_\_\_\_

Date of Last SSO at this location: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_